



**DEPARTMENT OF DEFENSE
TRICARE EUROPE**

UNIT 10310
APO AE 09136-0005

TEO/LA 16

05 NOV 2002

MEMORANDUM FOR COMMANDER, ERMIC
FLEET MEDICAL OFFICER, CINCUSNAVEUR
COMMAND SURGEON, HQ USAFE

SUBJECT: Policy Addendum - Authorization of Inpatient Mental Health Care in the Civilian Sector

The TRICARE Europe Office (TEO) policy letter (PL) 99-001 (ATCH 1) was implemented on 3 May 99 to establish a formal authorization process for TRICARE Europe Prime enrollees who require inpatient mental health care. It was updated in March 2002 (ATCH 2). Since implementation a few issues require clarification to ensure that established mechanisms work efficiently and effectively.

The attached policy addendum (ATCH 3) is intended to clarify patient travel issues for providers and medical leaders to ensure that patient movement to civilian mental health inpatient facilities is accomplished in the safest and most cost-effective manner possible, while simultaneously protecting patient confidentiality and remaining within guidelines of the Joint Federal Travel Regulation.

Any issues or concerns with the process outlined in this addendum or with the policy it addends can be addressed through the TRICARE Europe Office by contacting Col James Rundell, DSN 496-6365/6324 or e-mail James.Rundell@europe.tricare.osd.mil.

ELDER GRANGER
Brigadier General, USA
Lead Agent

Attachments:

1. TEO letter dated 26 July 1999
2. Policy for Authorization and Network Use Letter dated 21 March 2002
3. Policy Addendum for Authorization and Network Use



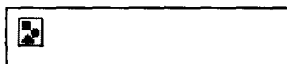
DEPARTMENT OF DEFENSE
TRICARE EUROPE
UNIT 10310
APO AE 09136-0005

26 Jul 99

MEMORANDUM FOR: Commander, ERMIC
Fleet Medical Officer, CINCUSNAVEUR
HQ USAFE, Command Surgeon

SUBJECT: Clarification issues for TEO PL 99-001 - Authorization of Inpatient Mental Health Care in the Civilian Sector

1. TRICARE Europe Office (TEO) policy letter (PL) 99-001 was implemented on 3 May 99 to establish a formal authorization process for TRICARE Europe Prime enrollees who require CONUS inpatient mental health care. Since implementation a few issues require clarification to ensure that established mechanisms work efficiently and effectively.
2. When a referral is required for consideration for CONUS care, the referring provider's responsibilities are outlined in paragraph 8 of the policy. The underlying assumption is that the referring provider accomplish what is described in the paragraph and only delegate where needed and appropriate. The delegation is within the military organizational structure and should not extend beyond these boundaries. Exceptions to what is outlined may occur when a civilian (non-military associated provider) is the referring provider. The need for this strict control is to assure patient confidentiality is protected. Additionally, the Mental Health Review Contractor, Choice Behavioral Health Partnership (CBHP) is a contracted entity with the TRICARE Management Activity (TMA) and therefore has to follow guidance outlined within the contractual boundaries. If the military mental health provider is using a third party, not associated with their military organization, to contact CBHP, then this is going against the established TRICARE Europe policy and the Statement of Work established with CBHP by TMA. CBHP should only communicate with the referring provider and not release patient sensitive information to another party. TEO PL 99-001 has no established mechanisms built into the process or through the contractual process with CBHP to ensure patient release of information has been granted to a third party. Therefore, to ensure patient confidentiality and appropriate communication with CBHP, only those processes outlined in TEO PL 99-001 will be followed in the future.
3. The policy letter provides several options for calling or faxing information to CBHP. These numbers are commercial and provide a toll free CONUS option. Additionally, CBHP is located in Jacksonville, Florida, site of a Naval Air Station (NAS). An offnet capability can be used for any official business where a DSN operator at NAS Jacksonville (0600-1800 at DSN 942-2345, after hours at DSN 942-2338) can patch to a local commercial line. The local commercial line would be the number identified in para 9.b.(1)(b) as 996-2000. During duty hours for CBHP (EST 0800 - 1800), the menu would be to press option "6," then extension 2008 to either talk with the Overseas Coordinator or leave a voice message.
4. Any issues or concerns with the process outlined in TEO PL 99-001 or with the above information can be addressed through the TRICARE Europe Office by contacting Lt Col Liz Robison, DSN 496-6324/6314 or e-mail elizabeth.robison@sembach.af.mil.



//original signed//

MICHAEL J. KUSSMAN
BG, MC, USA
Chairman, TRICARE Europe Lead Agent

Attachment 1



DEPARTMENT OF DEFENSE
TRICARE EUROPE
UNIT 10310
APO AE 09136-0005

21 MAR 2002

MEMORANDUM FOR COMMANDER, ERMIC
FLEET MEDICAL OFFICER, CINCUSNAVEUR
COMMAND SURGEON, USAFE

SUBJECT: Policy for Authorization and Network Use for Inpatient Mental Health Care in a Host Nation Facility

TRICARE Europe continues to align processes to support a managed care environment in order to provide effective and efficient healthcare. Inpatient host nation mental health services present unique challenges that require uniform management across TRICARE Europe. In order to ensure uniformity of practice within our theater of operations, the attached policy provides guidance for referrals to inpatient mental health care services at a host nation country facility.

The policy applies to both TRICARE Europe Prime and TRICARE Standard beneficiaries seeking inpatient mental health care at a host nation facility. A unique feature to this policy is the use of TRICARE Europe Mental Health Advisors, who are senior board-certified psychiatrists. This new policy also supports our emphasis on the use of TRICARE Europe Preferred Provider Network facilities and transportation to those facilities in accordance with the Joint Federal Travel Regulations. Transporting to a distant site host nation facility should be through the most expeditious process our military system has to offer. We need to rely on the military system and support function to assist the provider team in making a smooth and safe transition from military treatment facility to host nation facility during the referral process.

The development of this new policy aligns TRICARE Europe with other TRICARE Regions. By applying the proven tools used by other delivery systems, we can ensure our enrolled population is managed efficiently and effectively. This allows us to meet the needs of both the beneficiary and the provider. The effective date for implementation of this new policy will be 30 days from the date of signature.

My point of contact at the TRICARE Europe Office is: Lt Col Liz Robison, DSN 496-6324/6312, facsimile DSN 496-6377, commercial 49-(0)6302-67-6324 or e-mail: elizabeth.robison@europe.tricare.osd.mil.

RICHARD L. URSONE
Brigadier General, USA
Lead Agent

Attachment:
Policy Guidance - TEO PL 2002-001

Attachment 2

TRICARE EUROPE

AUTHORIZATION AND NETWORK USE FOR INPATIENT MENTAL HEALTH CARE IN HOST NATION FACILITIES

1. REFERENCES:

- a. Health Affairs Policy 98-031, DoD Utilization Management Policy for the Direct Care System, 15 Apr 98
- b. 32 C.F.R. 199.4, CHAMPUS, Basic Program Benefits, 1 Jul 98
- c. TRICARE Europe Office Policy Letter 99-001, 17 Mar 99
- d. TRICARE/CHAMPUS Policy Manual, 6010-47-M, 25 Jun 99
- e. 32 C.F.R. 199.6, CHAMPUS, Authorized Providers, 1 Jul 99
- f. Theater Patient Movement Requirement Center-Europe Policy Letter 00-001, 9 Nov 99
- g. MCSC Operations Manual (OPM) 6010.49-M, Mar 01
- h. TRICARE Europe Preferred Provider Network Business Rules, 1 Mar 01
- i. Joint Federal Travel Regulations, updates through 18 Jul 01

2. **PURPOSE:** This policy establishes procedures for referring TRICARE Europe Prime and Standard beneficiaries for civilian host nation inpatient mental health care. Mechanisms are outlined for preauthorization and concurrent review, as well as discharge planning coordination and the use of the TRICARE Europe Preferred Provider Network (PPN) facilities. TRICARE Europe Mental Health Advisor responsibilities are outlined. Key criteria of TRICARE policies, referenced above, are highlighted; complete current policies can be found on the internet at <http://www.tricare.osd.mil/tricaremanuals/>. This policy supersedes the TRICARE Europe letter guidance provided 24 Aug 1999 for "Inpatient Mental Health for OCONUS Civilian (Host Nation) Care – Process Clarification."

3. **SCOPE:** This policy identifies procedures for TRICARE Europe Prime/TRICARE Standard beneficiaries OCONUS host nation inpatient mental health care, in accordance with references (a) through (i).

4. DEFINITIONS:

a. **Preauthorization:** Also known as preadmission certification, preadmission review, prospective review, precertification, and prior authorization. The process of obtaining certification or authorization from the health plan or its designated representative for routine hospital admissions or outpatient procedures before care or treatment is rendered. Often involves an appropriateness review against established criteria to determine if treatment is medically and/or psychologically necessary. Failure to obtain preauthorization can result in a financial penalty to either the provider or the beneficiary.

b. **Concurrent Review:** Also known as a continued stay review, consisting of utilization management activities that take place during the provision of services. Often involves an appropriateness review against established criteria to determine if continued treatment is medically necessary.

c. **Medical/Psychological Necessity:** In accordance with reference d., Chapter 1, Section 12.1C, "in order for treatment of a mental disorder to be medically or psychologically necessary, the patient must, as a result of a diagnosed mental disorder, be experiencing both physical or psychological distress and an impairment in his or her ability to function in appropriate occupational, educational or social roles."

d. **Referring Provider:** A physician (either MD or DO) who evaluates the patient, documents necessary treatment requirements, and makes referral determinations. Other providers can recommend a referral, but in accordance with reference d., Chapter 1, Section 12.1A, a physician will need to personally evaluate the patient.

e. **Third Party Supplier:** An independent business operation not associated with an institutional provider, who operates as a conduit to provide the institution referrals by facilitating access and/or transportation to and from the institution. This business operation is not associated with a military medical treatment facility (MTF).

5. TRICARE/CHAMPUS POLICY CONSIDERATIONS:

a. Diagnostic requirements: Coverage for inpatient mental health services may be granted if a licensed mental health professional determines that the patient is suffering from a mental disorder listed in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). No benefits are payable for "Conditions Not Attributable to a Mental Disorder" or V codes.

b. Preauthorization requirements: TRICARE/CHAMPUS policy mandates prior authorization for all non-emergency inpatient mental health admissions, including treatment of substance use disorders.

c. Emergency admissions: In accordance with reference d., Chapter 1, Section 12.1C, preauthorization is not required for an acute mental health hospitalization when a physician (or other qualified mental health professional with hospital admission authority) determines, based on psychiatric evaluation, that a patient is an immediate risk of serious harm to self or others and requires immediate continuous skilled observation and treatment at the acute psychiatric level of care. Authorization for this admission must be secured within the first 72 hours of admission.

d. Level of Care Availability in Europe and Bed Day Limitations:

(1) The only level of care available for host nation support includes inpatient acute level of care which allows for stabilization and transition to the next level of care.

(a) Emergency and inpatient hospital services are covered when medically necessary for active medical stabilization, and for treatment of medical complications of substance use disorder.

(b) Bed day limitations are based on age level: 30 days for 19 years of age and older, and 45 days for age 18 and under.

(c) Day limitations are calculated by fiscal year.

(2) Other mental health inpatient levels of care, which include substance use disorder rehabilitation facility (SUDRF), partial hospitalization program (PHP), or residential treatment center (RTC), can occur after the TRICARE Europe Office (TEO) reviews the requested facility's service to determine if the care level in the host nation facility is comparable to the standards outlined in reference (e). These levels of care all require prior authorization and are not considered to require emergency level of care admission.

(a) Bed day limitations:

1. Substance rehabilitation is 21 days in a DRG-exempt unit. Additionally, rehabilitation stays are subject to a limit of 3 benefit periods in a lifetime unless the limit is waived. (Note – an additional 7 days is provided for detoxification, which can occur with or without a scheduled admission into a rehabilitation program/facility).

2. PHP – 60 treatment days.

3. RTC – 150 days. (Note – this level of care is for a child/adolescent beneficiary.)

(b) Day limitations for the above are calculated by fiscal year.

e. Waiver of Limitations: In accordance with reference (b), Section (b)(9)(iii)(A), the Director, OCHAMPUS (or designee) may waive the inpatient bed day and benefit period limitations noted above in accordance with applicable criteria. For the TRICARE Overseas Program, this authority has been delegated to the Lead Agent level. For patients in care at the time the inpatient limit is reached, a waiver must be requested prior to exceeding the bed day limit. For patients being readmitted, who have reached their inpatient bed day limit for that year, the waiver review will be conducted at the time prior authorization is requested.

f. Review Criteria: Health Management Strategies International Mental Health Review Criteria® (HMSI MHRC®) is available for providing a first level screening of inpatient mental health referrals. For most cases, a peer level review for medical necessity will be used to authorize admission and continued stay.

6. SPECIAL CONSIDERATIONS FOR TRICARE EUROPE:

a. TRICARE Europe Preferred Provider Network (TEPPN): The intent of the TEPPN is to provide a health care support structure for U.S. military MTF, as well as for beneficiaries stationed in remote locations. The TEPPN is a

network of host-nation health care providers and suppliers who have agreed to provide services to all U.S. Department of Defense beneficiaries when care is not available in a military MTF.

b. TRICARE Europe's Health Care Finder (HCF) function: In accordance with reference (d), Chapter 12, TRICARE Overseas Program (TOP), the TRICARE Service Center has the primary responsibility as the TOP HCF for referrals and authorization management.

c. Host nation provider referrals: If a host nation provider is the first to identify the need for inpatient mental health care, a physician associated with a U.S. military MTF servicing the sponsor should be consulted and/or make the actual inpatient referral. Contact should be made with the military MTF through the TRICARE Service Center or after duty, through the locally posted emergency point of contact.

d. TRICARE Europe Mental Health Advisor:

- (1) A senior board-certified psychiatrist on staff at the TRICARE Europe Office or appointed by each of the three Services. Appointments will be made in writing, by the senior medical officer at ERM, USAFE SG, and the Fleet Medical Office, CINCUSNAVEUR, to the TRICARE Europe Office POC.
- (2) The Mental Health Advisor must be board certified by the American Board of Psychiatry and Neurology and have practiced in clinical psychiatry. Responsibilities include:
 - (a) Serving as a resource for mental health providers within the region.
 - (b) Serving as the TRICARE Europe waiver authority for bed day/benefit period limitations, ensuring a peer level review to occur for waiver consideration requests.
 - (c) Serving as a consultant on mental health issues for the TRICARE Europe Office.

7. REFERRING PROVIDER: Responsibilities, which may be delegated as appropriate, include:

a. Documents clinical recommendations and communicates recommendations to the patient, family, and sponsor's Command, as clinically appropriate and legally permitted. Clinical documentation should support the level of care being considered/recommended for continued stay.

b. For active duty family members, follows military written guidance on initiating a referral to the Exceptional Family Member Program (EFMP) so appropriate screening and assessment for Educational and Developmental Intervention Services (EDIS) can be accomplished. Host nation providers should work with local military resources as necessary.

c. Secures an accepting facility/provider based on the treatment needs of the patient, and provides the necessary documentation and contact to arrange for transportation to host nation care facility in accordance with reference (i), par. U7551, item 6, for Active Duty Family Member (ADFM) referrals. Travel is to support OCONUS ADFM travel to meet medical care needs not located in the local area. Areas for consideration in planning travel:

- (1) Coordination is through local MTF procedures and processes, but primarily resides with patient administrative personnel involved with patient transport through aeromedical evacuation (A/E) secured with the Theater Patient Movement Requirements Center- Europe (TPMRC-E). If A/E cannot support the travel to the designated host nation facility due to the "urgency" of the need for inpatient acute level of care, then commercial transportation should be secured in accordance with reference (i). Reference (f) provides additional guidance which TPMRC-E uses when considering "Alternate Mode of Patient Travel," including when to use commercial transportation for patient movement.
- (2) Considerations in planning commercial travel include:
 - (a) Each Service funds travel of active duty family members under the JFTR in accordance with Service guidance, so local procedures dictate how approval for this travel is obtained.
 - (b) Travel to a host nation facility should consider all means of transportation that will need to occur to ensure the family member being referred gets to the facility in the most efficient, safe, and expeditious manner.
 - (c) Coordination of travel for retirees and family members of retirees can be done through the local military MTF A/E process since commercial travel, under the JFTR, does not apply to these beneficiary categories.
- (3) Use of, or referral to, a third party supplier, not associated with the military, to facilitate travel arrangements and/or securing admission to a host nation facility is strictly prohibited. This type of

relationship may conflict with TRICARE policy, as the reimbursement of funds to a host nation facility which contracts, or has a relationship with, a third party supplier may adjust private pay billing rates to allow compensation for this arrangement, which may include payment for services not covered by TRICARE. Reimbursement for inpatient mental health care provides coverage only for medically necessary care. TRICARE Europe reimbursement for host nation claims is through a billed itemized charge structure, recognizing that rates charged to TRICARE Europe patients are no different than those established for private pay patients within the host nation country. Facilities that bundle all charges at a set billing rate established to support a third party supplier arrangement, does not allow TRICARE to determine what charges are within the benefit structure.

d. Submits clinical documentation to their local TRICARE Service Center. Any release of information should follow Service guidance for confidentiality and documentation of "Patient Release of Information" for care coordination and claims reimbursement purposes.

e. Coordinates with the beneficiary's host nation facility attending physician, obtains pertinent clinical data so review determinations can be accomplished, and coordinates discharge planning and appropriate EFMP/EDIS referrals with the beneficiary's primary care manager/mental health provider to ensure continuity of care.

f. Communicates with the TEO on any quality of care concerns/issues regarding treatment at the referred host nation facility.

g. Considers at the time of admission:

(1) Discharge planning.

(2) After-care arrangements, including appropriate follow up resources at the beneficiary's current residing location.

NOTE: To ensure patient needs are met after discharge and to minimize risk, Early Return of Dependents or curtailment of the sponsor's overseas assignment (through the EFMP process) are strongly encouraged due to the limited availability of mental health services in the overseas arena.

h. For continued stay management, provides timely communication to the TRICARE Service Center on decision for continued stay review. Referring provider coordination is essential for continued stay management as it allows for a peer level review for medical necessity. If the referring provider is absent during the expected treatment regimen, he will coordinate in advance with the local TRICARE Service Center on coverage during his absence to allow appropriate review to occur for continued stay management and coordination of care activities.

8. TRICARE SERVICE CENTER (TSC): The local TSC provides the administrative support for the authorization process in the role of TOP HCF functions. Specific responsibilities include:

a. Checks eligibility of the beneficiary and provides a copy of DEERS/enrollment verification paperwork, along with an authorization request to the TEO. This is required with the initial authorization.

b. Reviews the request to ensure it is a TRICARE benefit.

c. Assists the provider in identifying host nation provider facilities in local area. TEPPN facilities within English speaking European countries are available and should be considered, if appropriate for the referral, prior to consideration of placement in non-network facilities. Those facilities in the network can be identified through the TRICARE Europe website and are listed under a search for "Psychiatric Hospital" or "SURF," which identifies freestanding Substance Use Rehabilitation Facilities. Those hospitals which treat a variety of conditions, including substance use disorder, will appear under the "Psychiatric Hospital" designation.

d. Notes the benefit limits for the requested level of care and required cost share for TRICARE Standard beneficiaries, and ensures the beneficiary/sponsor and the referring provider are briefed accordingly.

e. Sends the request via facsimile to: TEO/ATTN: Mental Health Authorization Request

(1) Primary line: DSN: 496-6377 / Commercial outside of Germany: 49-6302-67-6377 / Commercial

- within Germany: 06302-67-6377.
 - (2) Alternate line: DSN: 496-6378/ Commercial outside of Germany: 49-6302-67-6378 / Commercial within Germany: 06302-67-6378.
 - (3) Ensures a confidentiality statement is on the fax coversheet due to sensitive information being transmitted.
 - (4) Ensures good phone/fax contact numbers are provided to allow TEO to correspond with TSC.
 - f. Tracks the referral from initial admission through discharge or transfer to a CONUS facility.
 - (1) This process is essential to ensure the proper paperwork is submitted to TEO for continued stay authorization.
 - (2) The TSC is responsible for contacting the referral OCONUS civilian facility prior to the "Last Covered Day."
 - g. Sends authorization paperwork received from TEO to the referral facility.
 - h. Documents the initial authorization approval within the DEERS "Non-Availability Statement (NAS)" system in accordance with guidance provided by the TEO Regional Operations Division. A "NAS" should not be entered into the system if a hard copy authorization form has not been received from the TEO.
 - i. Communicates with TEO on any feedback received from the beneficiary and/or family member on concerns/issues with the host nation facility.
9. TRICARE EUROPE OFFICE (TEO): The TEO is the centralized point of contact for referral and authorization management for inpatient mental health care at a host nation facility.
- a. Only designated personnel within the TEO are authorized to issue an authorization.
 - (1) The list of designated authorizing personnel is provided to Wisconsin Physician Services (WPS), TRICARE Overseas Program claims payer.
 - (2) A paper authorization form will be used for claims submitted from OCONUS inpatient mental health to facilities/providers enables identification of those designated authorizing personnel.
 - b. The TEO will process the authorization request within 24 duty hours of receipt of the completed paperwork.
 - (1) Initial Request: Clinical documentation by the referring provider and a copy of eligibility verification.
 - (2) Subsequent Requests: The treatment plan from attending provider of the OCONUS civilian mental health facility AND a statement by the referring provider concurring with the treatment plan and need for continued care.
 - (3) The TEO will forward the authorization paperwork to the TSC who initiated the request. This transmission will be via facsimile, based on the facsimile information provided by the TSC.
 - c. Maintains an updated listing of current host nation inpatient mental health facilities within the TEPPN and a historical listing of facilities used previously, but currently not under the TEPPN.
 - d. Facilitates discussion with potential host nation facilities in terms of becoming part of the TEPPN, when facilities are not solely being used by the military MTF in that host nation (i.e. UK host nation facilities used primarily by Germany based MTFs).
 - e. Reviews documentation submitted for waiver consideration against criteria outlined in reference (b) and (d). As indicated, forwards documentation to one of the designated TRICARE Europe Mental Health Advisors for waiver consideration. Please note, waiver consideration cannot be done retrospectively.
 - f. Facilitates processes (as required) to contact Mental Health Review Contractor for those referrals needing continued management in a stateside inpatient level of care facility. Stateside referrals are managed in accordance with reference (c).
 - g. Implements an appeals system, including reconsideration procedures, in accordance with reference (g). The beneficiary or attending provider can request an appeal.

h. Sends the beneficiary a "TRICARE Europe Customer Comment Card Host Nation Medical Care" to allow voluntary feedback.

i. Communicates directly with the host nation facility administration on any issues or concerns related to the TRICARE Europe-referred beneficiary.

10. DISCHARGE PLANNING

a. Discharge planning should be initiated as soon as possible in the course of treatment, preferably prior to admission for non-emergency cases. For emergency admissions, it will begin with the first review of the case.

b. Reassignment of the military sponsor and family to CONUS is highly recommended when a family member, especially a minor, requires inpatient mental health care. The referring provider should work with the family and sponsor's command to expedite this process.

TEO PL 2002-001

March 2002

TRICARE EUROPE

ADDENDUM TO 21 MARCH 2002 TRICARE EUROPE POLICY AUTHORIZATION AND NETWORK USE FOR INPATIENT MENTAL HEALTH CARE IN HOST NATION FACILITIES

1. REFERENCES:

- a. TRICARE Europe Office policy: Authorization and network use for inpatient mental health care in host nation facilities, 21 Mar 02
- b. 32 C.F.R. 199.4. CHAMPUS, Basic Program Benefits, 1 Jul 98 TRICARE Europe Office Policy Letter, 17 Mar 99
- c. 32 C.F.R. 199.6. CHAMPUS, Authorized Providers, 25 Jun 99
- d. Joint Federal Travel Regulations, updates through 18 Jul 01
- e. TEO correspondence with TMA legal consultants (on file in TEO office)
- f. TRICARE Europe Host Nation Healthcare Quality Monitoring Policy

2. PURPOSE: This policy addendum clarifies issues related to military treatment facilities (MTFs) and providers as they apply to third parties offering to facilitate TRICARE beneficiary patient movement to network inpatient mental health facilities in the TRICARE Europe Office (TEO) area of responsibility (AOR).

3. SCOPE: This policy addendum applies to TRICARE Europe Prime and Standard beneficiaries who must be hospitalized in host nation inpatient mental health facilities in the TEO AOR. All provisions of the original policy (1a, above) remain intact.

4. POLICY CLARIFICATIONS:

- a. Referring military providers wishing to hospitalize a patient in a civilian inpatient psychiatric facility should obtain and communicate directly with an accepting provider at an inpatient psychiatric facility with which TEO has a preferred provider MOU, and only go outside the network for clear clinical reasons or if no space is available at the network facility.
- b. Military MTFs and military providers cannot initiate contact with any agents involved in a receiving facility's ancillary services, to include transportation services, until the network facility and its designated provider have accepted the patient under the terms of the MOU.
- c. Military MTFs and military providers may coordinate with designated agents of receiving facilities with which there is a TRICARE preferred provider MOU, once an accepting physician has been identified and communicated with. Only agents who have written agreements and formalized associations with the receiving facility covering scope of activity may be used for transportation facilitation services. These formal agreements are vital in terms of protecting patient privacy and providing a structure for appropriate transfer of clinical information between sending and receiving clinicians.

- d. The TEO is responsible for assuring that the government is not paying for non-covered benefits. Non-covered services rendered as part of an overall treatment package to our beneficiaries should not cost more than a treatment package that would not include those non-covered services. This is accomplished by a structured review of itemized bills and comparison with rate structures for other private patients during annual site visits, as per the TRICARE Europe Host Nation Quality Monitoring Policy.
- e. Clinical providers are reminded that emergency ambulance transport of patients from military MTF (including emergency rooms and mental health acute walk-in services) to a civilian receiving inpatient facility is a covered TRICARE benefit, so long as the emergent nature of the situation is documented in the medical records.